

Excellence in Agriculture Scholarship Program Application form (academic year 2006-07)

Name:			
BIRTH DATE: SEX	: MALE	FEMALE	
Home address:			
Сіту	STATE	1	ZIP
PHONE: ()			
County:			
Name of parent(s)/guardian:			
College major:			
College attending:			
College address:			
Сіту	STATE		ZIP
College phone:()			
APPLICANT MI	UST SUBMIT	THE FOL	LOWING IN TYPED FORMAT
1. A completed application form.			
An essay (minimum of 250 words) identifying the an agriculture-related field.	ne reason(s) ye	ou want to	pursue a career in agriculture or
3. An official high school transcripts.			
4. Two letters of reference (one from your school a	nd one from a	n outside s	ource).
5. A list of activities (i.e. 4-H, FFA, school, community, awards, etc.).			
6. A statement of goals and future plans.			
ALL ITEMS MUST BE SUBMITTED OR APPLIC	ATION WILL	NOT BE	CONSIDERED.
PLEAS	E RETURN T	THE COMP	LETED APPLICATION FORM TO

Office of the State Treasurer Division of Economic Opportunity 300 West Jefferson Street Springfield, IL 62702

VISIT OUR WEBSITE AT